



GPAC Pre-Ballet Fall 2010

Registration Form

First Name _____ Last _____

Birtheate _____ School _____

Name of Parent _____ Address _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (work) _____ (mobile)

Email _____ Check Class and Time

Pre-Ballet 1: Ages 3-4 Tues 10-10am _____

Pre-Ballet 1: Ages 3-4 Tues 3:15-3:45pm _____

Pre-Ballet 2: Ages 4-5 Tues 4-4:30pm _____

Pre-Ballet 2: Ages 4-5 Wed 4-4:30pm _____

Pre-Ballet 3: Ages 6-8 Tues 4:45-5:30pm _____

Please list any Medical Condition or Learning Disability that teachers need to be aware of: _____

How did you hear about us _____

Method of Pay:

Cash _____ Check _____ Amex _____ MC _____ Visa _____ Disc _____

Card # _____ Exp. _____

Amount Pd. _____ (Tuition plus 1 time \$20 registration fee)

Signature _____ Date _____

Please note registration fee is for students new to the GPAC dance program